

GREATER MILWAUKEE FIGURE SKATING CLUB
"SKATE WITH US"
BASIC SKILLS LESSON PROGRAM

Lessons are at Eble Ice Arena 19400 West Bluemound Rd, Brookfield, WI 53045
www.waukeshacountyparks.com

April 14th thru May 26, 2010 5:45pm to 6:30pm

June 2nd thru July 14th, 2010 5:45pm to 6:30pm

Registration Fee: \$105.00 for seven weeks
Enroll for both series the second will be discounted to \$95.00
3rd family member enrollment \$20.00 discount
*Gift certificates are available upon request.
Skate rental available for \$1.00 each class day

To enroll: Please make check payable to **"SKATE WITH US"**

Complete the section below and mail the entire form to:

SKATE WITH US PROGRAM
C/O Dawn Dahlman
PO Box 20881
Greenfield, WI 53220-0881
(414) 235-3153

LAST NAME _____ FIRST NAME _____ Middle Initial _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE () _____

BIRTHDATE: ____ / ____ / ____ AGE: ____ MALE ____ FEMALE ____ USFSA# ____

How did you hear about the GMFSC "Skate With Us program? _____

I would like to enroll in the following seven week series...

____ April 14th thru May 26th

____ June 2nd thru July 14th

As parent, guardian or adult skater (18 years or older), I assume and discharge all financial obligations of enrollment and acknowledge all lessons are given as a group (**not private**) and all enrollment fees are non-refundable. Refunds are given only in the event of an injury/illness requiring hospitalization, or cancellation of classes by the Greater Milwaukee F.S.C due to lack of enrollment. All requests for refunds must be made in writing and proof of injury/illness is required. Also, to ensure safety to our instructors and skaters, all skaters must be able to hold their own balance and be able to walk across the ice without the help of an instructor. Remember, all fees are **NON-REFUNDABLE**. There will be a \$35.00 fee for any returned check.

Signature of Parent/Guardian or Adult Skater

(For GMFSC Office Use Only)

CLASS LEVEL: SNOWPLOW SAM ____ BASIC ____ FREESTYLE ____ HOCKEY ____ .

DATE RECD: ____ / ____ / ____ RE-ENROLLMENT ____ NEW ENROLLMENT ____

REGISTRATION FEE \$ _____ PAID BY: CASH ____ CHECK ____ CK# _____